

Juneau Public Health Center
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Juneau, Alaska 99811-0617

Phone: (907) 465-3353
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Parent/Legal Guardian Consent Form for Child Vaccination

Child Name _____ Date of Birth _____

I have been given the Centers for Disease Control and Prevention [Vaccine Information Statement \(VIS\) for Inactivated Influenza](#) and/or [Emergency Use Authorization \(EUA\) Fact Sheet for Pfizer-BioNTech COVID-19 Vaccine](#).

Vaccine(s) recommended for my child's age:

- Pfizer BioNTech COVID-19 Vaccine
- Flu Vaccine

I have read the information sheets and have no further questions at this time. I understand the risks and benefits of vaccine. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

Here, I consent for my child _____ (child name) to receive the following vaccination(s) by a licensed provider at the Vaccine Clinic on _____ (date).

Please circle vaccine name(s) that you are giving consent for:

- Pfizer-BioNTech COVID-19
- Fluarix Quadrivalent Flu Vaccine

Signature of parent/legal guardian _____ Date _____

Print Name of Parent/legal guardian _____